

**A Text-book Upon the Pathogenic Bacteria and Protozoa for Students of Medicine and Physicians.** By Joseph McFarland, M. D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College, Philadelphia. Eighth edition, thoroughly revised. Octavo of 807 pages with 323 illustrations, a number of them in colors. Philadelphia and London: W. B. Saunders Company, 1915. Cloth \$4.00 net.

In the eighth edition the author has improved his book considerably, having made many additions, and the necessary alterations.

Doctor McFarland has developed a book that is a necessity for the library of every practitioner. S. R. D.

**National Formulary, 4th Edition.** By authority American Pharmaceutical Association. Prepared by Committee on National Formulary of American Pharmaceutical Association. Official from Sept. 1, 1916. Published American Pharmaceutical Association, 1916.

This is the first edition of the National Formulary since that work became a legal standard under the Pure Food and Drugs Act. It was originally intended as a compilation of formulae not sufficiently important or well established to be included in the Pharmacopoeia. Its main advantage was elasticity. Being entirely unofficial no responsibility was assumed and therefore formulae could be adopted without any rigid rules as to therapeutic value. If found wanting they could be easily dropped.

In addition, the druggist could modify the menstrum or flavor or method of preparation and in this way many formulae were greatly improved.

Being made official the National Formulary becomes coordinate with pharmacopoeia and therefore ceases to have any reason for existing.

Under the old regime it could be made the stepping stone to and from the pharmacopoeia, but a legal standard should include only thoroughly well established formulae and these should be in the pharmacopoeia.

In accordance with its new dignity the National Formulary has adopted names which are more nearly correct than some of the old names, but it is to be feared that these will not come into general use. What physician for instance, will cease writing Essence of Pepsin and prescribe it under the new name as Elix Pepsinet Rennine Composite.

It is interesting to note that the new edition contains about the same number of formulae as the 3rd edition, 201 having been added and 183 dropped. A large number of those added are preparations dropped from the U. S. P. of 1910 and many of those dropped are preparations which were dropped from the U. S. P. of 1900, and temporarily adopted in the National Formulary.

The National Formulary is indispensable to the pharmacists and should be in libraries of every physician and carefully studied by him, for it certainly contains many good and useful formulae, many which have all the advantages without the disadvantages of some similar proprietaries. F. L.

**Colon Hygiene.** By J. H. Kellogg, M. D., LL. D., Battle Creek, Michigan. Good Health Publishing Company, 1915.

The author has undertaken with a reasonable degree of success to expound in untechnical language the physiology, pathology and therapeutics of the human colon. He has braved the danger, not with complete success, of making his presentation one-sided, of making the structure under consideration, the fons et origo of all human ills and of estimating the colon as an organ separate

and apart in its structure and function from other parts of the body. The book is based on a long experience combined with much first-hand observation, and to that extent is valuable. A perhaps gloomy picture, however, is given of what might be termed the colonic outlook. "In the treatment of every chronic disease and most acute maladies, the colon must be reckoned with. That the average colon, in civilized communities, is in a desperately depraved and dangerous condition, can no longer be doubted. The colon must either be removed or reformed." The reviewer is moved to quote a favorite dictum from Professor Lusk in regard to Fletcherization. Said he, "If the Lord had intended man to chew his food so thoroughly, He would have given him thirty-three feet of mouth and six inches of intestine." Given the colon, "in civilized communities," we do not agree that its activity is wholly perverted and its presence wholly evil.

Kellogg does indeed base his thesis on sound argument and this is best expressed in his own words. (1) That constipation with its consequences is the result of unnatural habits in regard to diet and colon hygiene. (2) That patients are not constipated on general principles but that there exists in every case some particular condition which is the immediate cause. (3) That practically every case of constipation is curable, and in all but exceptional cases without the aid of surgery.

The book will repay reading, particularly if the reader, especially if he be a physician, keep his mental poise as to things physiological and reads with discrimination. It is full of interesting suggestion and practical points. It may be commended to the practitioner, with the grain of salt merely, that its perusal be accomplished in a critical and estimating spirit. A. C. R.

**The Medical Clinics of Chicago.** Volume II, No. III (November, 1916). Octavo of 211 pages, 44 illustrations. Philadelphia and London: W. B. Saunders Company, 1916. Published bi-monthly. Price per year: Paper, \$8.00; cloth, \$12.00.

#### Contents.

Clinic of Dr. Walter W. Hamberger: Modern medical treatment of chronic ulcer of the stomach and duodenum.

Clinic of Dr. Isaac M. Abt: Infantile paralysis.

Clinic of Dr. Ralph C. Hamill: Acute anterior poliomyelitis.

Clinic of Dr. Chas. L. Mix: Two cases of primary pernicious anemia.

Contribution by Dr. Wm. Allen Pusey: Some cases of eczema from external irritation.

Clinic of Dr. Frederick Tice: A case presenting Addison's syndrome. Gangrene of the lung: with special reference to treatment.

Clinic of Dr. Herman L. Kretschmer: Treatment of chronic colon pyelitis by pelvic lavage.

Clinic of Dr. Chas. Spencer Williamson: Polycystic kidneys. Case of recurrent endocarditis with cerebral embolism. A typical case of gout.

Clinic of Dr. Frank Smithies: Cases illustrating spasm at the cardia and cardiospasm associated with diffuse dilatation of the esophagus.

**Care and Feeding of Infants and Children.** By Walter Reeve Ramsey, M. D. Philadelphia and London: J. B. Lippincott Company, 1916. Price, \$2.00 net.

This book forms part of the Lippincott series of Nursing Manuals. Its purpose of providing a summary of pediatrics with special emphasis upon

those aspects of the subject which are of most importance to nurses is, in the main, satisfactorily fulfilled. Chapters which may be mentioned are: Development of Child Welfare Work; Care of the New-Born Infant; The Nursery and Its Equipment; Time to be Spent Out of Doors; Clothing for Infants and Children; Breast Feeding, and Artificial Feeding. Brief descriptions are given of the commoner diseases of childhood, and there is an index. Particularly noteworthy is the abundance of excellent and pertinent illustrations.

A few minor features are open to criticism. The illustration of the teterelle breast-pump (p. 98), an unsanitary piece of apparatus, might profitably be omitted, though it is only fair to say that the author himself condemns it. The table of artificial feeding (p. 118) allows only 13-29 calories per pound body-weight during the first month of life, an amount which would certainly cause serious undernutrition. In spite of the modern tendency to give fewer feedings at longer intervals, six feedings a day will satisfy few infants in the first month. The directions for the preparation of casein milk (wrongly called "albumin" milk) are not the best. The curd should be rubbed through the sieve with the buttermilk and water afterwards added, and many pediatricians have found that a more suitable curd is obtained by allowing coagulation to take place at room temperature. The use of gelatin in melaena neonatorum, which is recommended on page 156, has been generally abandoned, as it deserves to be both because of its dangers and its inefficiency, in favor of substances containing thrombin or prothrombin, such as defibrinated or whole blood, or serum.

With these few exceptions, the book may be safely recommended for use as a text-book in training schools for nurses. H. K. F.

#### DEPARTMENT OF BACTERIOLOGY AND PATHOLOGY.

(Edited by Benjamin Jablons, M. D., San Francisco.)

[This department has as its chief object the dissemination of the special knowledge that is being developed in the scientific laboratories of the world, and which are of practical interest to the medical practitioner. Abstracts of general articles will be published from time to time as well as preliminary reports of subjects that are of universal interest.]

Journal of Laboratory and Clinical Medicine,  
December, 1916. Vol. II, No. 3.

#### Tonsillectomy During the Course of Acute Rheumatic Fever.

Roger S. Morris sums up the literature on the subject and finds that there is a diversity of opinion as to the frequency with which acute rheumatic fever is preceded by sore throat. As a result of more recent methods of examination of the tonsils many writers find these organs diseased in a much higher percentage of cases of acute rheumatic fever than was formerly supposed. The tonsils are not the only foci or depot of infection in this disease, acute polyarthritis arising following abrasions of the nose, pus pockets about the teeth or through the bronchial or intestinal mucosa. Since the conception of the disease as a metastatic infection from a local focus, the therapy has similarly changed and it is not considered sufficient to give salicylates with local treatment to the affected joints.

Since the tonsils are more frequently the primary focus of infection Morris concludes that in cases of rheumatic fever the tonsils when diseased should be removed as soon as the operation can safely be carried out.

#### Gerhardt's Test for Diacetic Acid in the Urine.

H. P. Barret suggests the following modification to avoid the delay incident to filtering off the

phosphate precipitates produced by the addition 10% ferric chloride solution. About two c.c. of urine is placed in a test tube and an equal quantity of ferric chloride solution is allowed to run slowly down the tube. A layer is formed at the point of contact of both tubes. The tube is held at an angle of forty-five degrees and at the point of contact a ring of phosphate precipitate is formed. Directly below this ring a bordeaux red color appears if diacetic acid is present and tends to diffuse downwards on standing. The tube may be heated for differentiating other substances if necessary as in original test.

Comptes Rendus de la Societe de Biologie,  
Tome lxxix—1916, No. 8.

#### Bacillus Fecalis Alkaligenes as a Pathogenic Agent.

A. Rochaix and H. Marotte report two cases suffering from a typhoid-like condition in whom hemoculture showed the presence of the bacillus fecalis alkaligenes. Despite the comparative rarity of infections due to this agent they point out that this was evidently the organism responsible for the disease, inasmuch as their serum agglutinated the organism in a high titre. This organism has previously been considered a saprophyte and very little attention has been given it as a possible pathogenic organism.

#### Sterilization of Potable Water.

E. Doyen and Toda have found that it is possible to disinfect water which contains no spores but which has been infected with typhoid and paratyphoid by the addition of sodium hypochlorite in quantity sufficient to represent 3 milligrams of chlorine to the litre. The official solutions of hypochlorite are very alkaline and require neutralization with hydrochloric acid. The amount of acid used depends naturally on the alkalinity of the water to be sterilized as well as the solution of hypochlorite employed.

They conclude that the best method for the sterilization of potable water which will destroy non-spore-bearing bacilli as well as spore-bearers is the following:

Add 40 milligrams of hydrochloric acid to the litre of water and then add chloride of lime representing 2 centigrams of chlorine to the litre of water. The disagreeable taste that this gives to the water can be obviated by the addition of hydrogen peroxide or hyposulfite of soda.

Journal of Experimental Medicine,  
January 1, 1917.

#### Digitalis in Pneumonia.

A. E. Cohn and R. A. Jamieson summarize a series of 105 cases of pneumonia in whom the action of digitalis was studied. They found that digitalis reduced the pulse rate in fluttering and fibrillating hearts, and was not affected by high fever. In non-febrile hearts as well as febrile hearts, the same dose produces the same effects. The change observed in the conduction rate of the heart in pneumonia patients is not due to the intoxication of the disease, but is always found associated with the giving of digitalis. They conclude that digitalis exercises a life-saving effect in cases of auricular irregularity (fibrillation and flutter).

Journal of American Medical Association,  
December 2, 1916.

#### Experimental Endocarditis.

H. K. Detweiler and W. L. Robinson conclude as a result of an extensive study of chronic endocarditis, as well as a study of the pathogenicity of streptococci isolated from the saliva of normal individuals, that, 1, the streptococci isolated from cases of chronic endocarditis are of low virulence, probably lower than any hitherto reported as being recovered from a similar source.

2. These streptococci are capable of producing lesions in animals identical to those found in pa-